

Service Request Form
Public Information
864-1011 or 864-1012

Report Date: _____

Address or location of Problem: _____

Situation: _____

Name: _____

Address: _____

City: _____ **State:** **MO**

Zip: _____ **Phone #:** _____

Email address: _____

Do you wish to remain anonymous?

YES or NO

To mail this form, please send to:

City of Springfield - Service Requests

PO BOX 8368

Springfield, MO 65801-8368

Service requests can also be filed by accessing the

City's website at: www.springfieldmo.gov under

"I want to" "Submit a Service Request"